



# The Health of the Nation :

WHAT THE GOVERNMENT MAY DO FOR  
IT WITHOUT AN ACT OF PARLIAMENT.

---

## A LETTER

TO

THE PRESIDENT OF THE LOCAL GOVERNMENT BOARD,

BY

J. THEODORE DODD, M.A.

*(Barrister-at-Law ; Councillor and Guardian of the City of Oxford.)*

WITH A PREFACE BY

THE RIGHT HON. SIR JOHN GORST, M.P.

OXFORD :

ALDEN & COMPANY, LTD., BOCARDO PRESS.

LONDON : SIMPKIN, MARSHALL, HAMILTON, KENT & Co., LTD.

Price Sixpence net.



# The Health of the Nation :

WHAT THE GOVERNMENT MAY DO FOR  
IT WITHOUT AN ACT OF PARLIAMENT.

---

## A LETTER

TO

THE PRESIDENT OF THE LOCAL GOVERNMENT BOARD,

BY

J. THEODORE DODD, M.A.

*(Barrister-at-Law ; Councillor and Guardian of the City of Oxford.)*

WITH A PREFACE BY

THE RIGHT HON. SIR JOHN GORST, M.P.

OXFORD :

ALDEN & COMPANY, LTD., BOCARDO PRESS.

LONDON : SIMPKIN, MARSHALL, HAMILTON, KENT & Co., LTD.

1905

## TABLE OF CONTENTS.

	PAGE
PREFACE (BY SIR JOHN GORST) - - - -	iii
INTRODUCTORY - - - - -	1
PREVENTION OF INFECTIOUS DISEASES - - -	3
SMALL-POX - - - - -	3
HOW THOUSANDS OF LIVES MIGHT BE SAVED - -	4
THE ATTITUDE OF BOARDS OF GUARDIANS AS TO DISEASE -	6
MEDICAL RELIEF IN CONSUMPTION - - - -	8
DIARRHŒA AND DISEASES OF DIGESTIVE ORGANS - -	12
MEDICAL RELIEF IN CASES OF CONFINEMENT - -	13
MEDICAL RELIEF TO ILLEGITIMATE CHILDREN - -	16
PRESENT CO-OPERATION OF TOWN COUNCILS AND GUARDIANS	16
SUGGESTED EXTENSIONS - - - - -	17
CO-OPERATION OF EDUCATION COMMITTEE AND GUARDIANS -	19
FURTHER POSSIBLE CO-OPERATION OF TOWN COUNCILS AND GUARDIANS - - - - -	20
MEDICAL INSPECTION OF TRAMPS AND CO-OPERATION WITH TOWN COUNCILS - - - - -	22
PREVENTION OF DISEASE BY BOARDS OF GUARDIANS - -	25
THE CAUSES OF OBSTACLES TO MEDICAL RELIEF - -	27
SUMMARY OF PRINCIPAL SUGGESTIONS - - -	31-34
I. CIRCULAR ADVISING GUARDIANS AS TO RELIEF -	31
II. MISCELLANEOUS SUGGESTIONS - - -	33
CONCLUSION - - - - -	34
APPENDIX (EXTRACTS FROM REPORT OF POOR LAW CON- FERENCE) - - - - -	35

## PREFACE.

DURING the present generation much has been said and written about Social Reform, but little has been actually done. We have been successful in gathering information respecting the evils that beset our form of civilization, and in discussing the remedies by which some of them might be prevented or palliated. At that point our efforts have come to a stop. Most of our attempts to reform our laws or their administration have failed. The Report of the Committee on Physical Deterioration presented to Parliament at the close of the session of 1904 gave to Social Reformers a rare opportunity. The Committee was composed of the head officials of several Government Departments; their enquiry was wide; and their report was unanimous. They enumerated a great number of preventable cases which were sapping the health and vigour of the people, and pointed out practical reforms in legislation and administration. The Report was much discussed in the winter by public meetings and local authorities. It appeared when Parliament met that the only persons by whom it had been totally ignored were the Government officials. All Departments repudiated any liability to do anything. To this the Local Government Board has, since Mr. Gerald Balfour succeeded to its Presidency, become an exception. A circular has already vindicated the right of starving school children to be fed—a right of which they had previously been deprived—and there is thus reason to hope that the plea of administrative

reform in Mr. Theodore Dodd's letter will not be addressed to deaf or unwilling ears. There is no proposal made for legislation, which at present Government and Parliament are incapable of passing, and the reforms suggested relate mainly to medical relief, which depends on principles different from those applicable to ordinary Poor Law administration. A sick man is a burden on society: a sound man is a benefit. It is therefore the common interest to turn the sick into the sound as speedily as possible. A sick child has a legal right to be cared for at the public expense—a right of which it has been the deliberate policy of many Boards of Guardians to deprive it, just as they have deprived it of its right to food. In this case the natural punishment of injustice overtakes society manifestly and speedily. In many ailments and in all infectious diseases it is desirable to call in the doctor at the first symptoms. The policy of many Boards of Guardians is to do all they can to make the parents reluctant to apply for medical aid. Thus slight weaknesses grow into serious diseases expensive and difficult to cure: children are sent to school sickening for measles or scarlet fever, and epidemics spread which have to be stamped out at a great cost. A few pounds are saved to the ratepayers by deterring parents at the outset: but the costliness of serious disease; the spread of infection to the well-to-do classes; the waste of education expenditure when schools are closed; and the expense imposed on the ratepayers by an epidemic, when it has once seized hold of the people, far overbalances the foolish economy.

JOHN E. GORST.

# WHAT THE GOVERNMENT MAY DO FOR THE HEALTH OF THE NATION WITHOUT AN ACT OF PARLIAMENT.

---

*A Letter to the President of the Local Government Board.*

---

SIR,

The Report of the Committee\* on Physical Deterioration constitutes a strong call to the Government for prompt and energetic action. For various reasons, however, legislation is very difficult; and I therefore venture to lay before you some of the reforms and improvements which the Government can effect, or assist local bodies to effect, without passing an Act of Parliament.

For many years the Local Government Board has done much, through its Health Department, in assisting and guiding the efforts of the Town Councils and other sanitary authorities for the health of the nation; but I believe much more might be done if the co-operation of the Poor Law Department of the Local Government Board and of the Boards of Guardians in Towns could be secured for the same objects.

It is unfortunate that some of the methods advocated, and to some extent adopted, with the view of reducing pauperism are obviously likely to be fatal to the public health. While the Town Councils are striving one way, many leading members of the Poor Law Conference and many of those who are considered leaders

\* Afterwards referred to as "the Committee."



in Poor Law Reform are—quite unintentionally—pressing in the opposite direction.

I do not suggest that Boards of Guardians should be abolished, or their work transferred to the Town Councils, but that both bodies should work together; and also that Inspectors and other officials of the Poor Law Department of the Local Government Board should, as well as those of the Health Department, use their power and influence against disease, especially infectious disease; needless deaths, especially children's deaths; and physical ill-health, especially the ill-health of children.

Of course I recognize that the Poor Law has certain defined limits, and that its object is to relieve "destitution"; but I suggest that, without overstepping any legal limits, the Poor Law could be so administered as greatly to conduce to the public health.

And as Boards of Guardians can do much to reduce disease and death-rates, so undoubtedly can Town Councils largely—very largely—by wise action, reduce pauperism.

A careful study of the Report on Physical Deterioration will show any one who is conversant with the powers and influence of Town Councils, that this is the case—assuming, of course, that the Town Councils are assisted and not hampered by the administrative power of the government of the day. Much as I believe legislation is needed in various departments of municipal life, I should be well content to waive all legislation on these subjects, except perhaps as to Education and Housing, for the next five years; provided that all the Government departments and officials helped and



encouraged the Town Councils to exercise their present powers for the good of the people to their utmost extent.

This, however, is a vast and important subject, and I must not discuss it in this letter. I shall, however, point out how the Town Councils may assist the Guardians in what is their appointed task, *viz.*, relief of those who are destitute of either food, clothing, or shelter, or (if sick) of medical attendance, and of the *present* means of obtaining it.

#### PREVENTION OF INFECTIOUS DISEASES.

Nothing is more clearly recognized among experts than the fact that the best and cheapest way of keeping down infectious disease is to detect the earliest cases in the earliest stages, and that therefore whenever a person—especially a child—is ill with any symptoms which may betoken infectious disease the sooner the Doctor is called in the better.

#### SMALL-POX.

There is no disease which the sanitary authority (whether borough or county council in London or town council in the provinces) dreads more deeply, or takes more trouble to avoid than small-pox. Enormous sums are spent by the ratepayers on vaccination, vast sums on isolation hospitals; and when the epidemic does fall on a town the loss to tradesmen and others is often ruinous.

Now, why is it that small-pox spreads? As soon as a case is detected it is hurried off by the sanitary authority to the hospital. The doctor will be called up at midnight to diagnose the case, and the sanitary

inspector will, in the early dawn, disinfect the house whence the patient comes, and all who are in it. Those who have been living with the small-pox patient are styled "contacts," and will also be isolated and fed at the expense of the Council. Clothing, bedding, &c., will be burned, and the owners, if necessary, recouped by the Council. Sometimes money will be paid to the "contacts," to compensate for loss of wages. Yet, after all, these precautions often come too late; the patient has not applied to the doctor till several days have gone by, and the small-pox has spread to others, who will again hand it on further and further.

In an official report of a recent outbreak at Glasgow it was stated that attacks were originally often very mild, and the disease escaped recognition. Sometimes it was taken for chicken-pox or for a bilious attack. In the majority of cases in one district no medical attendance was sought; often there was no definite illness; sometimes indisposition to eat or biliousness, and a few pimples.

#### HOW THOUSANDS OF LIVES MIGHT BE SAVED.

Dr. Sykes, the Medical Officer of Health for St. Pancras, in his report dated December, 1901, says:—

"Persons having the disease very mildly are extremely dangerous in spreading the disease widely," and he suggests that "through the Press or by notices the public may be exhorted to seek medical opinion as to their rashes and ailments, however slight, not only for their own sakes, but also for the protection of their families and households."

Of course, the mild case may give the disease to a person who may have the disease badly.

Horrible as small-pox is, the deaths from it are the merest fraction compared with those from either scarlet fever, measles, or whooping cough\*. Scarlet fever is largely spread by the mild cases, so is diphtheria. Most of the deaths from measles could be prevented if the doctor were called in soon enough and his advice followed. In consequence of these infectious diseases there is great loss of life, permanent damage to health, large expense, including money thrown away by the necessary closing of schools. In all these diseases the danger arises from the "unrecognized"† or unattended case. Now, the only way to check these diseases is to encourage the patients, or in the case of children the sick children's parents, to apply for the doctor as soon as they begin to be ill in any way that is likely to be infectious disease; and, indeed, to facilitate medical attendance in all cases of illness. The Town Councils would be thankful if this could be done. Moreover, most councils in large towns are busy doing

\* The deaths in (1) London and (2) the 76 large towns exclusive of London in 1904 are given in the Annual Summary for London as follows:—

<i>Disease.</i>	<i>London.</i>	<i>76 Large Towns.</i>
Small Pox . . .	25	208
Measles . . .	2261	7218
Scarlet Fever . . .	365	1786
Whooping Cough . . .	1507	6065
Diarrhœa, &c. . .	4801	18,287
Diphtheria . . .	729	2925
Homicide . . .	57	—
Phthisis . . .	7738	—

† An example comes while I am writing. "As the result of an outbreak of small pox in ——— arising from a case not being recognized, six persons have become affected." Two died. (News-papers of April 26th, 1905.) In this case there was medical attendance, but mistaken diagnosis.

their utmost to check infantile mortality. Some issue leaflets telling parents to call in the doctor at once if the child does not thrive. If this were done, thousands of lives might be saved. It should be remembered, however, that in ordinary cases it is not within the power of a Town Council to provide medical attendance for the needy in their own homes. That is the work of the Board of Guardians.

### THE ATTITUDE OF BOARDS OF GUARDIANS AS TO DISEASE.

Now, how do guardians assist in this work? Recently an Oxford Political Economist, who had been himself a guardian, lecturing at Birmingham, expressed the view of not a few when he said, "Medical relief is a growing evil." In St. Pancras, which had, at the small-pox epidemic of 1901, the unenviable position of being the London borough where "the first considerable extension of the disease took place" (Report of London County Council), the Board of Guardians had actually been engaged in reducing the numbers to whom medical relief were given:—

"By merely insisting on applicants for medical orders attending before the Relief Committee of the South district their numbers went down from 4,246 on the 31st December, 1899, to 2,280 on the same day in 1901—a reduction of 46 per cent. in two years only."\*

At the Poor Law Conference held at Oxford in May, 1903, Sir W. Chance said, with approval, that this decrease of medical relief was still going on.†

\* "Decade of London Pauperism," page 21.

† According to the *Municipal Journal* of April 28th, 1905, medical relief in St. Pancras is put upon loan, and is slightly diminishing.

In a large number of unions the guardians have endeavoured to reduce medical relief by giving it always "on loan" in the first instance when a person applies to the Relieving Officer for relief. In some unions he has afterwards to come before the Board or a Committee. Sometimes he is released from any debt, and sometimes he is told that he must pay.\* Then follow harassing by the relieving officer, "lawyer's letters" from the clerk, and occasionally legal proceedings. In some unions the relieving officer is paid a percentage on the amount he recovers. In one union his "commission" is 20 per cent. What wonder is it if a hard-worked father, with low wages and a large family, permits his child, with sore throat, measles, or chicken-pox (which is sometimes really small-pox) to wait a few days rather than risk being plunged into debt and ordered before the Board? It should be clearly understood that a large number of unions have adopted various methods of "detering" the poor from applying for medical relief†; and the "invited" speakers at the Conference

\* This system of making Poor Law medical relief a loan in the first instance seems to be gaining ground in London. See *Poor Law Officers' Journal*, April 21, 1905. Sometimes, when there is no chance of obtaining any money, the poor person is kept in debt with a view of deterring him from applying again. Where the system is fully carried out a charge is made even for the Union doctor's attendance and for medicine, but in many Unions only "the medical extras," such as meat, beef tea, and milk are charged for. In some cases, therefore, though the medical relief is declared to be given "on loan" no actual debt is incurred; still there is a great deterrent to poor people. I have given a fuller account of the system recommended at the Poor Law Conference in an Appendix to this letter (see pages 35, 36).

† The following remarkable customs of the Atcham Union are quoted with approval by Sir W. Chance (pages 35, 39):—

"When relief is administered to an able-bodied labouring man who

have also urged Guardians to adopt such methods. Sir W. Chance says, "there is no kind of relief that requires so much 'watchfulness' (*sic*) as medical relief."\*

### MEDICAL RELIEF IN CONSUMPTION.

The Council of the "National Association for the Prevention of Consumption and other forms of Tuberculosis," in a leaflet entitled, "How to prevent Consumption," state that "Consumption (with other forms of Tuberculosis) causes one death in every eight in this country," and that "of all deaths in the United Kingdom between the ages of twenty-five and thirty-five, nearly one-half are due to Consumption." They estimate, moreover, that "in Great Britain at the present moment, at least a quarter of a million persons are suffering from Consumption."†

Mr. W. M. Eccles, in his evidence before the Committee on Physical Deterioration, said that the number of Tuberculosis cases he had to deal with among children was "appalling." In one ward of St. Bartholomew's, out of ten children, seven were suffering from tubercle.‡

But it largely attacks persons in the prime of life

---

is himself ill, and the illness is not contagious, the Board require that some of the children shall come to the workhouse during the sickness, and if the man is earning good wages, and the sickness does not continue for a long period, the family not being large, the repayment of the whole or part of the relief is required.

\* "Our Treatment of the Poor," page 32.

† "Tuberculosis," Dec., 1904, page 154. See also page 5, note, above.

‡ Q. 10747.



as well as children. There is no need to enlarge on the evil ; the only question is as to the remedy.

Dr. Newsholme, the very learned and able Medical Officer of Health for Brighton, says :—

“ ‘ Early diagnosis is the almost indispensable condition of recovery ; also that often, especially in the working classes, the patient does not seek advice until disabled from work or attacked by some acute symptom ’ ; and speaks of the importance of suspecting Tuberculosis in patients having frequent attacks of ‘ influenza,’ or ‘ bad colds.’ ” (*Lancet*, Jan. 30th, 1904, page 284.)

Dr. Hector Mackenzie\* says :—

“ Among the working classes it is a difficult matter to get hold of the cases at a sufficiently early stage. The disease is often slow and insidious, and patients do not come for treatment—at any rate among the working classes—in any large numbers until it has thoroughly got hold of them.”†

Dr. Hutchinson, in evidence given before the Physical Deterioration Committee,‡ says the deficiency in food of the lower classes, especially of nitrogenous material, renders them more vulnerable to disease, and mentions Tuberculosis as one of the most important ; and all the authorities speak of insufficient food being a predisposing cause of that disease.

Dr. Sykes§ says—and most guardians will, I think, agree with him—that patients among the working classes will not leave home to go into the Workhouse Infirmary until it is too late to hope for recovery. Dr. King Brown\*\* takes the same view.

\* Physician to St. Thomas’s Hospital, and the Brompton Hospital for Consumption.

† “ Tuberculosis,” page 214.

‡ Qq. 9971, 9972.

§ President of the Incorporated Society of Medical Officers of Health ; M.O.H. of St. Pancras. “ Tuberculosis,” Dec., 1904, page 168.

\*\* M.O.H. for Bermondsey. *Ib.* page 169.



Meanwhile they are highly infective. This is especially bad for their nearest neighbours, the working classes; and they also infect the well-to-do, who (according to Sir William Broadbent\*) never need to have Consumption unless infected by the poor.

"Many Consumptives in the early stages," said Dr. Charles Gray, "were able to work for years, and they would refuse to give up their employment to go into sanatoria."†

No doubt sanatoria would do much, but they are not yet built nor likely to be; and if they were, the great mass of consumptives would stay outside infecting the world, until they were in an advanced stage.

The best plan, therefore, is to do all we can by hygienic preventive measures, and by encouraging the poor to take skilled medical advice as soon as they are troubled with symptoms which may be consumptive.

I say "skilled," because considerable stress is laid by medical men of eminence on the difficulty of diagnosis in the early stages. Evidently it will not be safe for the poor—and therefore it will not be safe for the public—to rely on every dispensary which calls itself "provident," or on the opinion of the nearest druggist.

To relieve all applicants "on loan" or to compel all to attend the Board, is simply to encourage Tuberculosis in all classes. Then it should be the endeavour of the Guardians, where a person is under their care and the case is not one for a sanatorium, or no sanatorium is available, to do their best to minimize the risk for the public. They should communicate with the sanitary authorities. If the person requires Poor Law relief,

\* "Tuberculosis," April, 1905, page 233.

† *Ib.* December, 1904, page 170.

the Relieving Officer should see that he is supplied with the necessary means of avoiding needless risk to others, and should instruct him how to use them. In some towns an extra allowance is made to Consumptives for rent when it is thought necessary that they should have a larger or separate bedroom. I believe this is done in a circuitous way, for it is thought that to pay an extra allowance for rent directly is contrary to the Out-Door Relief Regulation Order.\*

I would suggest that † the Local Government Board should make it quite clear that the Order does not forbid this extra allowance, or, if necessary, alter the Order, which on such a construction is obviously contrary to the public health.

\* Sir William Chance suggests that it is contrary to the "Prohibitory" Order, but this is not so. See the Proviso at the end of Article V of that Order, and letter of Poor Law Commissioners, 21st Dec., 1844, Macmorran, page 33, note.

† I add a note from the *Poor Law Officers' Journal* of May 27, 1904, omitting names:—"At a meeting of the — Board of Guardians Mr. H. moved a resolution to the effect that in any case of a family in receipt of out-door relief where one member was suffering from consumption, and where in the opinion of the Committee the accommodation of the house was insufficient, it should be competent for the Committee to give increased relief to enable the family to take a larger house, at an increased rental, on condition that the patient had a larger bedroom. Mr. H. said that they had forty persons on out-relief suffering from consumption. Plenty of fresh air was necessary in the treatment of the disease, and they should do what they could to assist the patients to get it. . . . The Clerk said that one of the Orders provided that the Guardians should not give any relief for the purpose of paying or part-paying rent. Therefore he thought to pass such a resolution would be most unwise, because it would be contrary to the Order. But it was possible to give additional relief without saying for what purpose it was given."

## DIARRHŒA AND DISEASES OF DIGESTIVE ORGANS.

There is no disease more fatal among young children than Diarrhœa, and none in which early treatment is more necessary. For details I would refer to my letter on Infantile Mortality, addressed to the Vice-Chancellor of Oxford, sent herewith, and will only call attention to a few points in the evidence before the Physical Deterioration Committee:—

Mrs. Watt Smyth said the excessive infant mortality was due to digestive diseases occasioned by improper feeding, and those who survived probably issued from the struggle permanently damaged.\* Also the improperly nourished child was less capable of resisting zymotic diseases, such as measles and whooping cough.

Mrs. Greenwood† said that a large number of first children die from infant diarrhœa, and she attributed this to the mother's inexperience.

The leaflets issued by Town Councils and Sanitary Societies and laid before the Committee urge upon the parents the importance of calling in the doctor. Some Boards of Guardians however deter them from so doing, by the methods above mentioned.‡

It should be remembered that some infantile diarrhœa is "distinctly infectious,§" so that even from the most selfish point of view it would be better for the rate-payers not to place obstacles in the way of early medical attendance to infants suffering from this complaint.

I will close this appeal to the Local Government

\* Q. 1202, &c.

† Q. 8253.

‡ See pages 6-8 above.

§ Evidence of Dr. Ashby, Q. 8916; Dr. Hutchinson, Q. 10089.

Board to encourage medical relief to the children of poor parents—or at least to *discourage* Guardians from throwing obstacles in the way—with the words of the Committee :—

“Very little knowledge is moreover found among mothers of the slighter ailments to which children are prone, and precautionary measures are rarely taken until they have reached an aggravated stage.”\*

### MEDICAL RELIEF IN CASES OF CONFINEMENT.

I believe that, in most Unions, when an application is made for Medical help in a Confinement, it is always given in the first instance as a loan. At one Poor Law Conference a Relieving Officer of an important city (who was “invited” reader or speaker, and evidently a man of ability and experience) spoke as if it were a rule of law that relief for Confinement should be given on loan. This is, however, quite a mistake. The law simply permits this, like most other relief, to be made on loan. An official Circular,† published many years ago, which perhaps may seem to support the idea that all Confinement relief should in the first instance be given by the Relieving Officer on loan, should, I suggest, be recalled or explained.

There is no doubt that an immense loss of infant life, and much deformity and weakness in children, is caused by want of proper care at confinements and before confinements.

I will give two quotations from the evidence before

\* Report, par. 288. A Poor Law Medical Officer (speaking of some of the poorest class) said that they came to the doctor only to save the inquest.

† 11 Off. Circ., 44 ; Macmorran, 171, note.

the Committee—the first relating to Lancashire and the other to Wiltshire:—

Miss Squire says as to some homes she visited in Burnley \*:—

“Poverty and desertion are the causes of the mother’s early return to work. In one case the husband, a blaster, had been injured, and could not return to work, so the woman had the whole family to support. In one of the two cases where the mother was not returning to work, it was because she was dying of phthisis, and had ‘worked as long as she could stand,’ her husband, a collier, being out of work. She had had seven children, and buried two; the baby, three months old, was injured at birth, no doctor or midwife having been present; the previous infant died from neglect in the same circumstances.”

Miss M. K. Dowding says †:—

“Very often the baby really is very neglected, whether wilfully or not I do not know, but when the mother dies the baby is nearly always buried with her.

“Do you mean buried alive, or is it dead?—No; it is allowed to die, it is not particularly wanted probably—and they do not know what to do with it. The mothers want much more attention during the confinement.”

These no doubt are extreme cases; but often the poor people engage a “midwife” who is competent if the case is easy, but quite incompetent to meet a difficulty. Not wishing to admit her want of skill, and knowing that, if the Poor Law doctor is asked for, the family will be at once plunged into debt, the incompetent “midwife” struggles on till she is afraid to wait any longer, and at the last moment the doctor is called in. This system of delay is the cause of very great suffering, and also it must, not unfrequently, occasion death to the infant or at least reduce its

\* Appendix V, page 126.

† Qq. 4912-13.

chance of healthy life. Sometimes the doctor is called in solely with the view of avoiding an inquest.

It is an absurdity for the nation, with its present fast diminishing birth-rate, to lose infants or have damaged children for want of a 10s. 6*d.* fee.

This aspect of the subject is of vast importance, as may be seen by a perusal of the address delivered before the British Gynæcological Society by the President\* in 1904, and I can only here suggest some very slight and obvious alleviations of the present position.

I think, however, that it is a grave mistake to summon men or women to appear before the Board of Guardians in cases of confinements. I would suggest:—

1. That the Relieving Officers and Guardians be recommended not to make confinement fees a debt, unless they have reason to believe that the parties could have themselves obtained and paid for the medical help required.
2. That where such relief is given on loan no application for payment be made till after the tenth day after the confinement, unless there is reason to believe the person charged is about to leave home.
3. That, except in special cases, the husband (or in the case of an illegitimate birth† the mother) be not summoned before the Board or a Committee.
4. That the Local Government Board reconsider the terms of the old circular which cautions Guardians

\* Dr. Taylor, Professor of Gynæcology, Birmingham University. Some extracts are given from this address and other writings on the subject in my letter to the Vice-Chancellor sent herewith.

† The confinement fee is an "extra," and is usually charged.



as to the employment of female midwives\* now that provision is made for certificates of competency.

5. That statistics be obtained from the Poor Law Medical Officers showing the proportion of infants who (i) are born alive, and (ii) live for a fortnight, in the confinements they attend.†

### MEDICAL RELIEF TO ILLEGITIMATE CHILDREN.

The Committee state that “the mortality among illegitimate children is enormously greater than among children born in wedlock.”

I think, therefore, that Guardians, in their desire to mark their disapproval of the immorality of the mother, should *not* refuse necessary medical out-relief or make it “on loan” where the mother cannot pay, or summon her before the Board except in special cases.

Such methods are not likely to deter from immorality, but may easily deter the mother from seeking medical relief for the child till too late, and so cause its death.

### PRESENT CO-OPERATION OF TOWN COUNCILS AND GUARDIANS.

By the General Order of the 12th February, 1879, every Poor Law medical officer, upon the occurrence of contagious, infectious, or epidemic disease of a dangerous character among his pauper patients, is bound to give notice to the sanitary authorities. If this were fully carried out and applied

\* 11 Off. Cir. 88; Macmorran, 172.

† This is not a reflection on the medical men: my contention is that they are often not called in soon enough. See pages 4, 5, 9, 12, 13, 15.



to measles, whooping-cough, mumps, and chicken-pox—and, moreover, the like duty of notifying was imposed on the relieving officer—the Council would often (1) obtain early information so as to enable them to prevent children in an infected house from attending school; (2) have medical inspection of cases supposed to be chicken-pox; (3) have steps taken for isolation. By Sec. 93 of the Public Health Act, 1875, information of nuisances “may” be given by relieving officers. This is only permissive, but in London they have an express duty in this respect.

For, by Sec. 3 of the Public Health Act (London), 1891, it is the duty of every relieving officer, in accordance with the regulations of the authority having control over him, to give notice to the sanitary authority of any nuisance liable to be summarily dealt with; and it is the duty of the (Poor Law) authorities to make the said regulations.

#### SUGGESTED EXTENSIONS.

It ought, of course, to be the duty (both in London and elsewhere) of the Poor Law officers to give notice to the sanitary authority of nuisances, over-crowding, and infectious disease; and, on the other hand, the sanitary inspectors should give notice to the relieving officer of genuine poverty needing relief.

At the present time, owing to the lack of co-operation, there is a small but very serious gap in our system of administration. If children have scarlet fever, and there is no isolation hospital available, or it is full, or the children cannot be moved, the relieving

officer may decline\* to give the milk, &c., necessary for the children, on the ground that the parents, though impoverished by the disease and unable to afford the necessaries, are not actually destitute. Yet the sanitary authority has (apparently) no power to expend the district rate on supplying the needed nourishment outside the hospital. They might rent a house, call it a hospital, and then give the children milk. This would, however, be rather like Charles Lamb's Chinamen who burned down houses for the sake of roasting pigs. With co-operation as suggested, the medical officer of health would inform the relieving officer as to the children's necessities, and they would then be duly supplied.

There are some exceptional duties of the relieving officer which should certainly be transferred to the sanitary inspector, viz., the burial, under a justice's order, of bodies of those who have died of infectious disease, or are retained unburied under dangerous conditions (Public Health Act, 1875, Sec. 142 ; Infectious Diseases Prevention Act, 1890, Sec. 10). The work of the relieving officer takes him much among children, and he should not be exposed to risks of infection unnecessarily, while the sanitary inspector is always necessarily in contact with infection, and is (we may hope) practically immune. At all events, he has better means at his disposal of preventing the spread of infection both to himself and others than the relieving officer possesses, and has, moreover, greater experience. In cases of serious infectious disease, also,

\* Some parents would refuse to go through what they deem the degradation of applying to the Relieving Officer. Yet it is just the children of such parents that should be most carefully preserved.

it might be better to authorise the relieving officer to accept the report of the sanitary officials as to destitution, *i.e.*, the needs of the family, and to give the relief through these officials, so as to avoid personal contact. In a doubtful case the relief might be given on loan.

### CO-OPERATION OF EDUCATION COMMITTEE AND GUARDIANS.

Besides the sanitary department, there is the Education Committee of the Town Council, whose officers are brought into frequent touch with the lives of the poor. The school officers should not only report all cases of infectious disease to the health officials, but should inform the relieving officer of any cases of destitution among the children.\* These would need very careful investigation, and would sometimes result not in "relief" in the ordinary sense, but in prosecution of the parent, or in visits from the Society for Protection of Children, to stimulate parental responsibility. It is now, by statute, the duty of a parent to seek poor relief if he has no means of maintaining his children without (57 and 58 Vict., c. 41, Secs. 1, 23). The school attendance officer should also, of course, report nuisances and overcrowding, and cases of infectious sickness.

These schemes of co-operation would obviously give a little additional work to the officers of both Council and Guardians, for which they would fairly be entitled to a slight increase of salary; but the public would

\* Special provision is now made for cases of underfed school children. See Circulars for April, 1905. Some similar administrative measures are needed for children who are ill, or with bad teeth.

be well repaid by the greater efficiency of local administration.

#### FURTHER POSSIBLE CO-OPERATION OF TOWN COUNCILS AND GUARDIANS.

Where Guardians and Town Councils think such a course desirable it would be possible to arrange that some of the Sanitary Inspectors should be appointed assistant Relieving Officers, with power to give medical relief only; or if preferred they might be limited to giving orders for the doctor's attendance only.\*

The Legislature, by enacting that "medical relief only" should not deprive a recipient, or parent of a recipient, of his vote for either Parliament or Town Council, has placed a wide barrier between medical and other relief. A plan, such as is suggested above, would have the advantage of further disconnecting medical relief from pauperism.

At the present time, when a child has scarlet fever in a well-managed town, it is taken to the Council's Isolation Hospital, and has medical attendance, medicine, nursing, food, lodging, and perhaps new clothes supplied at the public expense. The parent does not become a pauper in any sense, and does not lose his or her feelings of "independence."

If, however, the town has no isolation hospital available, or it is full, the child has to remain at home. If the child has measles or whooping cough†—each of

\* Or a Woman Sanitary Inspector might be thus authorized to give medical orders for children only. Of course all relief or orders by any Sanitary Inspector would be merely temporary, *i.e.*, until the next meeting of the Board of Guardians.

† Town Councils do not usually provide isolation hospitals for measles or whooping cough.

which diseases kills more children than scarlet fever\*—it also remains at home. If in any such case medical attendance and medicine are supplied by the public, the father or widowed mother becomes technically a “pauper” and is supposed to lose his “independence.” There is no real distinction between the case of the sick child relieved in the Corporation hospital and the one relieved by the Guardians at home—except that the parent finds nursing, shelter, and at least part of the food, in the latter case. There is however the practical difference that it brings the parent into connection with the relieving officer, and compels him to make his first acquaintance with the Guardians, and in many Unions often plunges him soon into debt.

Unfortunately for the public—or at least for those of the public who have children of their own and care for their children’s health—in such a Union the poor will often prefer scarlet fever in their homes to the “assistance” of the Poor Law. Now while for the sake of the public as well as of the child we wish the doctor to attend, we cannot but sympathize with this feeling on the part of the poor; and Sir W. Chance expresses the opinion of many when he says that “the main objection to medical relief is that in many cases it is the beginning of pauperism.”†

The objections, both of the poor and of others, would be lessened by the introduction of the Sanitary Inspector instead of the Relieving Officer.‡ Moreover, it would be

\* See page 5, note above, and Registrar General’s Report for 1903.

† C.O.S. Series, “Better Administration of Poor Law,” by W. Chance (1895), page 115.

‡ In some rural districts, where the Relieving Officer and Sanitary Inspector live at a distance from many of the villages, it might be



more easy with the aid of the Sanitary Inspector, who is an Officer of the Town Council, to obtain prompt orders, when necessary, for keeping children who are living in an infected house from school. Also, he would see that the house itself was properly disinfected. Nothing can be more foolish than to have a costly isolation hospital and leave a number of cases in the town without the most effective supervision possible under the circumstances.

There is much to be said in favour of transferring the care of the sick poor entirely from the Guardians to the Sanitary Authority. Already the Town Councils provide the Isolation Hospitals, and they also have power to provide ordinary hospitals for the inhabitants generally, whatever their disease. Town Councils also provide disinfectants and disinfect houses. They even have power to supply medical attendance and medicine for the poorer inhabitants in their own homes ; but this last requires the sanction of the Local Government Board, and is only intended for emergencies.\*

Such a transfer, however, would require the gravest consideration, and as it could not be effected without legislation, is beyond the scope of this letter.

#### MEDICAL INSPECTION OF TRAMPS AND CO-OPERATION WITH TOWN COUNCIL.

The spread of small-pox is largely due to tramps ; not to tramps in the casual ward, but to those who

---

useful if the Local Government Board would (under Sec. 38 of the Poor Law Act, 1834) empower the Parish Guardians to give temporary orders for medical attendance.

\* Public Health Act, 1875 : §§ 131-133 ; Lumley on Public Health, pages 148, 151.

requent the common lodging houses or lodge in public houses.\* In the workhouse, besides the safeguards of cleansing and disinfection, there is usually some supervision and the opportunity of seeking medical advice in the first stages of illness of whatever kind; while careful Guardians, when small-pox is in the neighbourhood, have a daily medical inspection of tramps.

I suggest that the Local Government Board should advise Guardians (1) always to place tramps under the care of some person who has such an amount of knowledge of the symptoms of small-pox and other infectious diseases as to know when to call in the doctor; and (2) to have this daily inspection when necessary.†

It is obviously desirable to draw away the tramps as far as possible from the common lodgings. This can be done if the Local Government Board will make the treatment in the casual wards uniform and more humane, and at the same time encourage the Town Councils to raise the standard of cleanliness and accommodation in the common lodgings, which would result in reducing their number and raising their price.

Major Poulton, Chief Constable of Berkshire, rightly says that the tramps "are much better fed and cared for in the prison than in the workhouse," and that "the work is much lighter in the prison than in the workhouse."‡ They are treated worse in the casual

\* See *e.g.*, Report of M. O. H. of London County Council for 1903, pages 17-19; *ib.* for 1902, page 28.

† We observed this precaution some time ago at Oxford.

‡ This is obvious from a comparison of the lists of Dietaries and tasks of work given by Major Poulton in his Special Report on Tramps dated March, 1905. He says, "The Workhouse tasks in most cases appear to me to be tasks which require a man to be not only in good bodily health, but also to have a food diet which will enable him to do them." (Report, page 3.)



wards than persons under sentence of hard labour for serious crime; and no Board of Guardians dare treat them with even common humanity, for if any Guardians do the tramps immediately flock in large numbers to their Union in preference to taking other routes.

Under these circumstances it is no wonder that, as Major Poulton says, "many tramps go to prison in preference to the workhouse." And of course they infinitely prefer the cheapest and dirtiest of common or small private lodgings to either.

It is important to the public health that a tramp who is in lodgings should be able, without difficulty, to obtain an order to see the doctor as soon as he *begins* to be ill in any way. If the Relieving Officer offers him the "house" and he refuses, the officer may, it is true, have complied with the law, but he may have inflicted a serious epidemic disorder upon all classes in the district.\* Also, if tramps know that it is the

\* In April, 1903, a tramp with the small-pox on him came from a village six miles off, in another Union, for medical help, to the Oxford Radcliffe Infirmary. Oxford might have been saved this risk had he applied for and obtained a medical order for the parish doctor in the village where he lodged. In March, 1903, a tramp in a lodging-house in Oxford brought in small-pox from Nottingham. In 1902, small-pox was brought into Oxford twice, *viz.*: once by a tramp at a lodging-house, and once by a journeyman carpenter who slept at a small public house. Some years ago it was brought in by a person who had come to a small public house, after having had, in another town, medicine from a chemist, who thought it was chicken-pox. It is many years since it was brought in by any one who came into the casual ward on his arrival in Oxford.

The following is from the Report of the Medical Officer of Health for Birmingham as given in the *Birmingham Daily Post* of May 15, 1905:—"Eight cases of smallpox have been notified during the past quarter. These have all been connected with common lodging-houses, and the origin of the first case could not be ascertained. Each

practice in a Union always to "offer the house," they will usually not apply until the disease has become serious to themselves and very dangerous to the public. The Relieving Officer and the Guardians will escape official or public blame should an epidemic result, because no application has been made; but the town will suffer all the same.

I suggest that the Local Government Board should advise the Guardians and Relieving Officers to give orders "for the doctor" to tramps who cannot pay for medical advice, so that immediate medical inspection may be secured.\*

Apart from the question of public health, it is surely a public scandal that the Poor Law should be so administered as to be the direct means of manufacturing criminals and demoralizing considerable numbers of the poor.†

#### PREVENTION OF DISEASE BY BOARDS OF GUARDIANS.

The object of this Letter is to help the destitute to secure medical relief and to protect the public health. But much may be done in the way of prevention.

The Report of the Committee on Physical Deterioration shows that much high infant mortality amongst the poor comes from improper food improperly given.

---

of the subsequent cases was due indirectly to the first lodger, so that there has only been one importation of the disease. It is always a difficult matter to deal with smallpox among the vagrant class who live in common lodging-houses. The difficulty in this instance has been enormously increased by the fact that in four or five of the cases the disease has been so mild as not to inconvenience the patient."

\* Whether further medical relief should be given out of the work-house must depend on circumstances.

† No doubt legislation is desirable for dealing with the whole "unemployment" problem, but this is beyond the scope of my letter.

No less than four columns of the Index to the Blue Book containing the Report and Evidence relate to MILK.

In many Unions which possess printed scales of out-relief a small allowance of money and a four pound loaf is provided for each child needing relief; but no milk is given unless the child is ill and the doctor orders it. The money is insufficient to enable the parents to buy milk at all, or at any rate in anything approaching a sufficient quantity.

I suggest that the Local Government Board call the attention of Guardians to the need of milk as an ordinary article of diet for children. Moreover, the Committee point out that, besides the improper or insufficient food, much mischief is done by improper methods of feeding. Dr. Hutchison\* condemns the long tubed feeding bottle which is in common use among the poor, and which produces a great deal of diarrhœa. He says:—

“Every day at the Great Ormond Street Hospital one has to stop the use of those tube bottles . . . I had to stop its use in hospital; in every case it produced illness in the child.”†

Again, a great mass of disease, both among children and adults in the poorer classes, is due to Dirt—both in connection with the homes and with food. It is quite needless to quote authorities for this statement.

Now Town Councils are fully aware of these facts. The Medical Officer of Health for Oxford in a leaflet circulated by the Town Council says:—

“Never use bottles with long tubes, as it is impossible to keep them clean.”

---

\* Assistant Physician to the London Hospital, and to the Hospital for Sick Children, Great Ormond Street.

† Qq. 9987, 9990.

And at the end of the leaflet he adds:—

“You can always obtain disinfectants by taking a bottle to the Sanitary Department; but remember SOAP and WATER, FRESH AIR, SUNLIGHT, are far better than buckets of disinfectants.”

It would, I believe, help the health of towns if the Local Government Board would suggest to the Guardians that they should authorize the Relieving Officer, when he or the Poor Law Medical Officer considers it necessary, to give, to persons already in receipt of relief, the requisites for cleansing. Also, in the case of out-relieved young infants “brought up by hand,” the Relieving Officer should be authorized to supply the proper kind of feeding bottles.

I make no apology for going into these details, for I have a mass of evidence which shows their vast importance; and the greatness—at least the continued greatness—of this Nation depends on careful attention to common things.\*

## THE CAUSES OF THE OBSTACLES TO MEDICAL RELIEF.†

The difficulties thrown in the way of medical relief

\* A circular from the Local Government Board would be very effective, for it would take away from Guardians the idea entertained by some of them, that such details as the above are beneath their dignity. I believe that the Local Government Board has always advised that when out-door relief is given at all it should be “adequate.”

† *Survival of the fittest*.—It is sometimes suggested that by facilitating medical relief we are preventing a natural process of elimination of the unfit. But in many cases it is not the unfit who die. The Medical Officer of Health for Sheffield says (Annual Report for 1902, page 18):—“It is quite wrong to say that the infants who die are in the majority of cases puny and unhealthy;” and this view is corroborated by many other authorities. The Committee truly say:—

“The theory that the processes by which life is preserved are themselves a cause of degeneration, by prolonging the lives of the unfit, is

are largely due to the influence of the Poor Law Conference, certain members of the Charity Organization Society, and—it must be added—of some of the Poor Law Inspectors.

The Rev. J. Hervey, Rector of Shotley, read a paper at the Conference at Ipswich in 1883, in which he advised that Boards of Guardians should “make it a rule never to grant medical orders to any able-bodied applicant either for himself or for any member of his family.” Few would be so foolish as this, but according to a paper read by Mr. R. Leach at the Poor Law Conference at Gateshead, in July, 1901,—

“Mr. Longley, Local Government Board Inspector, in his report on the Poor Law Administration in London, which had special reference to the disposal of applications for relief, submitted that personal attendance of applicants for medical relief should be insisted upon, as it furnishes a test of the need of the applicant.”

Mr. Leach himself advised this precaution, and also that the Relieving Officer should give the medical relief

---

open to the criticism that of all the discriminating agencies to produce the survival of the fittest disease is the worst, for the injury to those that survive is so serious that all measures which combat disease tend to improve the race” (Report, page 16. This is the opinion of Dr Clifford Albutt, Cambridge Professor of Hygiene. See Q. 293).

The Committee also state:—“So far as the Committee are in a position to judge, the influence of heredity, in the form of the transmission of any direct taint, is not a considerable factor in the production of degenerates” (Report, page 46).

The evidence showed that though diseases occasioned by vice and alcoholism “transmit their effects to the third and fourth generation,” yet from 80 to 85 per cent. of children are born physically healthy.

“Stamping out” children, by permitting disease to have free course, is not only immoral but foolish. Not only do we by such means destroy the healthy children, but we damage the survivors. Relief on loan and similar deterrents cannot be justified by such arguments.



by way of loan. He stated that in 83 out of 320 Unions Medical relief was given on loan.

It appears from Mr. Bousfield's paper read at the Central Poor Law Conference held at Exeter Hall in Dec., 1883, that Mr. Longley, in his report on out-relief, both advised guardians to require personal attendance (page 432), and also laid great stress on the importance of giving medical relief on loan.

At the Poor Law Conference held at Northampton Colonel Preston (L.G.B. Inspector) said:—

“All medical orders should be issued on loan, and if the terms were to be varied it should only be by express order of the Board” (hear, hear).\*

And I believe that most of the Poor Law Inspectors use their influence in this direction.

While the Poor Law Inspectors are thus suggesting obstacles which deter and are intended to deter persons from obtaining medical relief, the Health Department of the Local Government Board is insisting most earnestly on the importance of the “unrecognized case” and of the earliest possible diagnosis.†

The Local Government Board is therefore itself pulling both ways; and I venture to ask you as Head of both Departments to cause it to make up its mind and decide that obstacles ought not to be placed by Boards of Guardians and Poor Law Inspectors in the

\* Report of Poor Law Conference, 1901, page 500. I heard this myself; and I endeavoured to draw out from him a disclaimer that he did not intend to include children; but I failed to obtain any disclaimer, so evidently he included medical relief to children.

† St. Pancras Board of Guardians is cutting down medical relief, while the Medical Officer of the Borough Council suggests that people with rashes (if they turn out to have small-pox) ought to be punished for not coming for it.

way of Town Councils who are anxious for the lives of the children and health of the cities and towns committed to their charge. There is no doubt that a sick child is entitled to medical relief. Is it right that we should deter parents from applying for it? Is it for the public benefit that we should make it so disagreeable for parents to apply that they put off the application—even in infectious cases—as long as possible? \*

\* May I venture to raise a doubt as to the *legality* of the Relieving Officer declaring relief to be a loan? The power to declare (apart from any agreement) relief to be a loan arises from 4 & 5 Will. IV, c. 76, s. 58, which enabled the Poor Law Commissioners by Rule or Order to declare relief to be a loan. By Article 7 of the "Prohibitory" Order and Article 9 of the Regulation Order relief may, in the numerous cases therein indicated, "if the *Guardians* think fit," be given on loan. Neither of these Orders gives this power to the Relieving Officer. In the recent Relief (School Children) Order—where of course such a power was necessary—the power was expressly given to him by the Local Government Board. Also, there are certainly some cases in which it would be illegal to make relief a loan. Might I therefore suggest that enquiries should be made in the Unions where it is declared that *all* medical relief is given on loan?



## SUMMARY OF PRINCIPAL SUGGESTIONS.

## I.—CIRCULAR ADVISING GUARDIANS AS TO RELIEF.

I suggest that the Local Government Board should issue a circular advising Boards of Guardians:—

- (1) *In favour of* harmonious co-operation with the Town Councils for the Public Health, and pointing out that, where the Guardians think fit, they can co-opt two members of the Council (under the Local Government Act 1894, sect. 20, sub-sect. (7)), and also may, by arrangement with the Council, secure the assistance of the Sanitary Inspectors to relieve destitute persons where the visits of the Relieving Officer may be attended with danger to him and his family and the public. (See pages 1, 2, 16-23 above).
- (2) *Against* deterring applications for Medical Relief by persons unable to pay a doctor; and especially against any general rule or practice making Medical Relief relief on loan in the first instance,\*

\* When the case had been seen by the doctor and reported to the Board, the Guardians could make all *future* relief from that date a loan, or require the applicant's attendance if they thought fit. The important point is that there should be early inspection by the Doctor; and therefore the first order, whether made by the Relieving Officer or by the Guardians, should be free of any suggestion of loan to persons who state that they cannot pay for a doctor, unless there is strong reason to the contrary. I think, however, in infectious cases and in children's cases where there is destitution (*i. e.* present inability to pay anything, see page 3), it should be clearly understood that medical attendance and medicine (and usually all medical relief) would be free during the whole illness.

or requiring the sick person, or a husband or wife of the sick person, or a parent of a child, to appear before the Board or Committee unless there is some special reason for so doing \* ; *against* attempting to make poor persons repay the cost of Medical Relief (especially in infectious or children's cases), unless there is reason to believe that they can afford to repay. (See pages 6-8 above, and the Appendix, p. 35, 36, below, as to present practice of some Guardians, and pages 23-25 as to some Poor Law Inspectors.)

- (3) *Against* making Medical Relief in Confinements a debt unless there is reason to believe that the persons assisted can afford to pay for medical help. (See pages 13-16.)

## II.—MISCELLANEOUS SUGGESTIONS.

I suggest that the Local Government Board should :—

- (4) In official returns and statistics distinguish between Medical Out-relief only and ordinary Out-door Relief.† (See page 20 above.)
- (5) Issue a Circular and Order as to Tramps. (See pages 22-25 above.)
- (6) Issue a Circular explaining the duties of Guardians and Relieving Officers as to relief. In drafting such Circular special attention should be paid to points where the Poor Law has often been mis-

\* This is specially important, as some of the Poor Law Inspectors have advised Boards of Guardians to adopt these methods.

† This is advocated by Sir William Chance (Report of Poor Law Conference, May 22, 1903, page 174).

understood. (See pages 11-13.) This might be done as a supplement to the Circular issued to the Relieving Officers in 1896.

- (7) Obtain from all Unions which habitually give Medical Relief on loan particulars of their charges to the poor; and, where a charge is made for medical attendance, information whether the doctor is paid in whole or in part by case fees; also when the Guardians use any printed or written form of agreement, obtain a copy of such agreement.\*
- (8) In accordance with the Recommendation of the Committee on Physical Deterioration,† set on foot and maintain from year to year a register of sickness treated by the Poor Law Medical services not confined to infectious sickness.

I have suggested that the Local Government Board should proceed by Advisory Circular; but should this prove insufficient, of course the power to make relief a loan is derived entirely from the "Orders" of the predecessors of the Local Government Board. If the Board thought fit it could, for instance, wholly prohibit this practice in the case of persons with infectious disease, or of sick children, when there was present inability to pay the doctor; or prohibit it in the case of such persons with weekly earnings below some specified amount; or they could suspend the power during an epidemic. Small-pox and measles and other infectious diseases in one Union soon spread to another. Should, therefore, the fiery zeal

\* See page 30 above, and Appendix, pages 35, 36, below.

† Report, Pars. 62, 63, and Recommendation No. (2), Par. 423. I would suggest this should include confinements. See page 16.

of any Board of Guardians for the reduction of "pauperism" make the Guardians forgetful of the great and lasting strife of the Nation with the forces of preventable disease and degeneracy and premature death; the Local Government Board, which has the supreme supervision of the health of the whole country, can make any Orders which may be necessary.

As a Guardian of the Poor, and as one of the representatives of the City of Oxford\* on the Board of Guardians, I have ventured to call your attention to these subjects, as I believe that the power of the Boards of Guardians for good and for evil over the lives and health of the population of our towns has never been sufficiently considered.

I remain,

Your obedient Servant,

J. THEODORE DODD.

55, ST. GILES, OXFORD,

*June 1st, 1905.*

\* Under local Acts the City Council of Oxford elects ten, from the City Aldermen and Councillors representing the City, to the Board of Guardians. The University and certain colleges elect ten. Christ Church elects two. The Mayor and Vice-Chancellor are Guardians *ex officio*.

## APPENDIX.

I PROPOSE to give here a few extracts from the Report of the Poor Law Conference held at Oxford on 22nd May, 1903.\* On this occasion a Paper on Medical Relief was read by Mr. H. J. Willink, Chairman of the Bradfield (Berks) Board of Guardians.

Mr. Willink stated (pages 163, 164) that the District Medical Officers of his Union were paid (a) a fixed salary, and (b) case fees in addition up to a maximum of one-third the amount of such fixed salary, the usual special surgical and medical fees under the Poor Law Board Order of 1847 being untouched. He said:—

“The case fee is 6s. for each ordinary medical order granted, lasting two months; and 8s. for a permanent order in chronic cases, lasting one year. All medical orders are granted in the first instance on loan, *and the fact is printed conspicuously in red across them.* The relieving officer enters all applications in his Application and Report Book, and (if he has not had time to obtain the directions of the Board before granting the order) reports to the Guardians at their next meeting, when the loan is either cancelled or is entered in the ‘Loan Book,’ for collection in one sum or by instalments, as the case may require, the amount of the loan being the amount of the case fee carried by the order, and the relieving officer receiving a commission of 20 per cent. upon the sums collected.”

He adds in an Appendix to his paper, p. 170, the following suggestion:—

“In practice it has sometimes been found convenient that the relieving officer, besides verbally explaining to the applicant that the relief is given by way of loan, should, in any case where there is the least prospect of repayment being possible, endeavour to get him to sign a formal engagement to repay, and a consent that, in default, the amount shall be forthwith recoverable as a loan under the Poor Law Amendment Act; and that such engagement and consent shall also extend and apply to all such further or other relief, either in money or in kind, as shall be at any time either proved or admitted to have been given to or received by him, or on his account by way of loan.”

\* The Italics are mine.

In the course of the discussion which ensued the Rev. P. J. Donovan (Vice-Chairman, Brentford Union) said :—

“He would like to ask Mr. Willink whether he would give the fees when recovered, after an order had been made on loan, to the medical officer. He asked the question for this reason, that when they did recover, they had a letter from the medical officer at once demanding the fees. The Clerk was rather against him (the speaker), but he looked at the matter from the legal point of view, and contended that they had no right to farm out their medical officer, who could say, ‘If you had not interfered I would have given the patient credit, and he would pay me as he has done you ; what right have you to give orders on loan and practically farm out my services?’ He thought the doctor had a great deal in his favour, but the Clerk and the Committee thought they should get the money and the doctor had to do the work. It was a question who was entitled to the money, and as *the spirit of issuing orders on loan was abroad*, the question might be raised, and they might be only getting rid of one difficulty to raise another.”

Mr. Willink replied to Mr. Donovan as follows :—

“As to the question mentioned by Mr. Donovan, the payment of the fees to the doctor, he had tried to make it clear that *if it came to the actual test of recovering the money in Court*,\* no Board could recover the money from the pauper unless it could show that it had been put to some expense, and only could recover the sum it had to pay. If they recovered the money, and did not pay the fee over to the doctor, they would not be able to prove they had been put to expense ; they could not recover unless they showed they had been put to definite expense. If the fee was not paid to the doctor, he did not think they could recover it. He agreed with what Mr. Latham had said as to medical extras and granting them on loan. As a matter of fact, they gave all relief on loan in the first instance.”

\* Is it possible that money is ever obtained from paupers which is not legally recoverable ?







3 0112 105540188